STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445145	A. BUILDING 01 - MAIN BUILDING 0102 B. WING	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - MOUNTAIN VIEW	1360 BYPASS ROAD WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observations and testing, the facility failed to maintain the corridor doors. The findings included: 1. Observation on 7/25/16 at 1:53 PM, revealed a gap on the D hall nurses station door between the finished floor and door base exceeding the required 1 inch. NFPA 101, 19.3.6.3 (2000 Edition) 2. Observation on 7/25/16 at 2:13 PM, revealed the C- hall clean utility door not latching within the frame. NFPA 101, 4.4.2.1 (2000 Edition) NFPA 101, 8.2.3.2.1 (2000 Edition) NFPA 80, 15.1.2 (1999 Edition)	K 018	K018 Observation 1.). Door has been fitted properly to place the base within 1 inch of the floor. 8/5/16 Observation 2). C- hall clean utility door hardware has been repaired to allow proper function of the door closing and latching 8/5/16 1. New Maintenance Director began 8-2-16 and has completed his first weekly physical plant inspection and observes doors for compliance with proper clearance of doors and proper latching of doors to close within door frames. Doors or closures of hardware preventing latching within door frames not in compliance will be corrected and noted in the preventive maintenance work order system Weekly rounds are conducted by Maintenance Director; 2. All residents within the facility have the potential to be affected. The Maintenance Director completed an audit of doors to ensure none exceed the on inch space from the base of the door to the finished floor and that all door latch within the frames. 8-5-16 3. On 8/2/16 new and experienced maintenance director familiar with facility was hired and K018 reviewed to ensure compliance by 8/5/16 4. Weekly rounds will be conducted by the Maintenance Supervisor to ensure continued compliance with the facility's	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Executive Director 8/18/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445145	A. BUILDING 01 - MAIN BUILDING 0102 B. WING	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - MOUNTAIN VIEW	1360 BYPASS ROAD WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018	Continued From page 1 These findings were verified and acknowledged by the administrator during the walk through and exit conference on 7/25/16.	K 018	maintenance program with finding reported monthly to the QAPI meeting x three month or until resolved. 9/10/16 This plan of correction constitutes a written allegation of substantial compliance with federal Medicare and Medicaid Requirements. Submission of this plan of correction does not constitutes an agreement that the deficiencies actually exist, nor is it an admission that they existed. This submission is a good faith expression of the facility's desire to fully comply with Medicare and Medicaid requirements.	9/10/16
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure are self-closing and kept in the closed position, unless held open by as release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: (a) The required manual fire alarm system and (b) Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system and (c) The automatic sprinkler system, if installed 18.2.2.2.6, 18.3.1.2, 19.2.2.2.6, 19.3.1.2, 7.2.1.8.2 Door assemblies in vertical openings are of an approved type with appropriate fire protection rating. 8.2.3.2.3.1 Boiler rooms, heater rooms, and mechanical equipment rooms doors are kept closed. This STANDARD is not met as evidenced by: Based on observations and testing, the facility failed to maintain the cross corridor fire doors. The findings included: Observation and testing on 7/25/16 at 2:33 PM, revealed the three (3) hour cross corridor fire doors missing hardware rendering the doors	K 021	**K 021** 1. a. Hardware has been ordered by door vendor to be installed week of 8/15/16 including latching within the frame on the bottom into the floor on A hall b. Hardware has been ordered by door vendor to be installed week of 8/15/16 including latching within the frame on the bottom in the floor on Upper B hall 2. All residents have the potential to be affected new Maintenance Director and fire door company vendor inspected all fire doors for proper hardware and locking throughout. Adjustments are being made by maintenance as needed and recorded in maintenance work orders. 8/5/16 3. Fire doors are being tested by maintenance on a weekly basis. Maintenance Director is working thru	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445145	A. BUILDING 01 - MAIN BUILDING 0102 B. WING	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - MOUNTAIN VIEW	1360 BYPASS ROAD WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 021	Continued From page 2 incapable of latching within the frame on the bottom in the following locations: a. A hall b. Upper B hall (2:41 PM) NFPA 101, 4.4.2.1 (2000 Edition) NFPA 101, 8.2.3.2.1 (2000 Edition) NFPA 80, 2-4.4.1 (1999 Edition) These findings were verified and acknowledged by the administrator during the walk through and exit conference on 7/25/16.	K 021	the preventive maintenance schedule to assure fire doors are monitored and assessment of being fully functional in preventive maintenance program. Findings are recorded weekly in the maintenance log and repairs made and recorded. 9/10/16 4. Building inspections results are recorded by Maintenance Director and reported to QAPI monthly for outstanding issues and physical plant needs. Reporting of fire doors will continue x 3 months or until no issues are observed. 9/10/16	
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the smoke barriers. The finding inicuded: Observation on 7/25/16 at 1:51 PM, revealed exposed penetrations around the sprinkler in the following locations: a. D-hall central supply room b. Front B hall nurse's station medical chart room (2:30 PM) NFPA 101, 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 3-2.7.2 (1999 Edition) This finding was verified and acknowledged by	K 025	**K 025** 1. a. Maintenance Director sealed D-hall central supply room penetrations around the sprinkler 8/9/16 b. Maintenance Director sealed Front B hall nurse's station sprinkler in medical chart room 8/9/16 2. All residents have the potential to be affected. (Upper B hall is not occupied with residents at this time) Maintenance Director completed rounds and did not find additional areas surrounding sprinklers with penetrations. 8/5/16 3. Executive Director and Maintenance Director reviewed K025 on 8/2/16 and facility requirement to maintain smoke and fire wall barriers. b.) On 8/8/16 Maintenance Director conducted facility rounds to identify any	9/10/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445145	A. BUILDING 01 - MAIN BUILDING 0102 B. WING	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - MOUNTAIN VIEW	1360 BYPASS ROAD WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025	Continued From page 3 the administrator during the walk through and exit conference on 7/25/16.	K 025	additional penetrations and made repairs at that time.	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the hazardous areas. The finding inicuded: Observation on 7/25/16 at 2:53 PM, revealed the Main hall communications room self closure device inoperable. NFPA 101, 19.3.2 (2000 Edition) This finding was verified and acknowledged by the administrator during the walk through and exit conference on 7/25/16.	K 029	c.) On 8/10/16 facility's Safety Committee held and ad hoc **K029** 1. Self closure mechanism on computer room door repaired to proper fitting 7/28/16 2. New Maintenance Director began 8/2/16 and toured building for any malfunctions or repairs needed for door closures. Executive Director reviewed K029 with Maintenance Director 3. Preventive maintenance schedule includes observation of door hardware monthly with report to 4. Maintenance Director will report observation rounds of concerns or repairs not able to complete to QAPI monthly meeting x three months or until resolved. 9/10/16	9/10/16
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72.	K 052	**K052** 1. Fire Alarm Inspection Report prepared 10/22/2015 is on file and readily available in new Maintenance Directors file onsite in Maintenance Directors office. 8/2/16 2. New Maintenance Director scheduled annual Fire Alarm inspection. Executive Director and Maintenance Director reviewed policy for annual fire alarm inspection and found compliance. 8/5/16	9/10/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445145	A. BUILDING 01 - MAIN BUILDING 0102 B. WING	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - MOUNTAIN VIEW	1360 BYPASS ROAD WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 052	Continued From page 4 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: Based on observations and testing, the facility failed to maintain the fire alarm system. The findings included; Observation and testing of the fire alarm system on 7/25/16 at 4:45 PM, revealed when the fire alarm system was reset, the panel showed (14) troubles with HVAC duct detectors. The problem was immediately addressed with a phone call to the (on call) Simplex Grinnell technician. The system was reset all troubles were cleared. At 5:01 PM, further testing of the fire alarm system revealed (2) troubles still acknowledged after the system was reset a second time. NFPA 101, 19.3.4 (2000 Edition) This finding was verified and acknowledged by the part time maintenance individual, administrator, and interim administrator during the fire alarm test and exit conference on 7/25/16.	K 052	reviewed policy for annual fire alarm inspection and found compliance. 8/5/16 3. Record of alarm inspections will be maintained in Maintenance Directors office following completion of onsite visit 9/10/16 4. Results of inspections by alarm company will be reported to QAPI noted for dates of occurrence. Results will be monitored by Maintenance Director and Executive Director x 3 months or until resolved. 9/10/16	9/10/16
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to maintain the smoke detectors. The findings included: 1. Observation on 7/25/16 at 2:28 PM, revealed smoke detectors within three (3) feet of supply/return HVAC vents in the following	K 054	K054 1. 1.)Vendor contracted to relocate smoke detectors in a. Therapy room b. B wing between patient rooms 3&4 c. Main hall outside of kitchen d. Main dining area 8/17/16 2) Facility utilizes Simplex 4010 Alarm Control Panel which continually monitors smoke sensitivity. Alarm will indicates a trouble condition when smoke sensitivity is outside of range.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445145	A. BUILDING 01 - MAIN BUILDING 0102 B. WING	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - MOUNTAIN VIEW	1360 BYPASS ROAD WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 054	Continued From page 5 locations: a. Therapy room b. B wing between patient rooms 3&4 (2:29 PM) c. Main hall outside of kitchen (2:31 PM) d. Main dining area (3:00 PM) NFPA 101, 19.3.4.5.1 (2000 Edition) NFPA 101, 9.6.1.7 (2000 Edition) NFPA 72, 2-3.5.1 (1999 Edition) 2. Document review on 7/25/16 at 4:09 PM, revealed the facility failed to provide the two (2) year smoke detector sensitivity report. NFPA 101, 19.3.4.5.1 (2000 Edition) NFPA 101, 9.6.1.7 (2000 Edition) NFPA 72, 7-3.2.1 (1999 Edition) These findings were verified and acknowledged by the administrator during the walk through and exit conference on 7/25/16.	K 054	Record of annual fire alarm inspection report dated 10/22/15 is on file as of 8/8/15 2. Complete walkthrough of all halls and areas with smoke detectors has been completed to correct any areas inside 36 inches of a vent. Maintenance Director and vendor recorded list of noncompliant smoke detectors is to be corrected 8/17/16 by licensed vendor Executive Director and Maintenance Director reviewed K054 and facility policy and approved work order for vendor **K062**	9/19/16
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to maintain the sprinkler system. The findings included; 1. Observation on 7/25/16 at 1:26 PM, revealed paint on sprinklers in the following locations: a. Memory care (clean room) b. Room C-1. NFPA 101, 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 12-1 (1999 Edition) NFPA 25, 2-2.1.1 (1998 Edition)	K 062	1. I.) Paint is removed by Maintenance Director from sprinklers on 8/9/16 in the following locations: a. Memory care(clean room) b. Room C-1 2.) sprinkler in C-4 is free of lint cleaned by Maintenance Director as of 8/9/2016 3.) Sprinkler filament builds with no visible temperature pigmentation are scheduled for replacement before 8/ 19/2016 by licensed vendor in the following locations: a. C-1 b. A-hall shower room c. Conference room 4.) sprinklers with physical damage are scheduled for repair by professional vendor before 8/19/16 a. C-9 b. Intersection of A&C halls by nurse's station	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445145	A. BUILDING 01 - MAIN BUILDING 0102 B. WING	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - MOUNTAIN VIEW	1360 BYPASS ROAD WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 6 2. Observation on 7/25/16 at 2:10 PM, revealed a sprinkler loaded with foreign material (lint) in room C-4. NFPA 101, 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 12-1 (1999 Edition) NFPA 25, 2-2.1.1 (1998 Edition) 3. Observation on 7/25/16 at 2:10 PM, revealed sprinkler filament bulbs with no visible temperature pigmentation. in the following locations: a. C-1 b. A hall shower room (3:29 PM) c. Conference room (3:41 PM) NFPA 101, 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 3-2.5.1 (1999 Edition) 4. Observation on 7/25/16 at 2:12 PM, revealed sprinklers with physical damage in the following locations: a. C-9 b. Intersection of A&C halls by nurse's station (3:30 PM)NFPA 101, 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 12-1 (1999 Edition) NFPA 25, 2-2.1.1 (1998 Edition) 5. Observation on 7/25/16 at 2:31 PM, revealed ~~mixed sprinklers (quick/standard response) in the~~ following locations: a. Front B hall nurse's station area b. Main hall (2:50 PM) c. Main dining area (2:55 PM) d. Kitchen service hall (3:15 PM) e. D hall (3:32 PM) NFPA 101, 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 5-3.1.5.2 (1999 Edition) 6. Observation on 7/25/16 at 2:32 PM, revealed sprinklers with corrosion in the following areas:	K 062	5.) mixed sprinklers are scheduled for replacement by professional/licensed vendor toassure consistent sprinkler type in the following locations: a. Front B hall nurses's station b. Main hall c. Main dining area d. Kitchen service hall e. D hall to be replaced by 9/10/16 6.) a.Upper B hall shower room(1of2) b. (1) kitchen by the dietary managers office corrosion is noted and eschusions ordered for repair or replacement as of 8/3/16 7.) dry pendent sprinkler test is on file in the Maintenance Directors office 8/12/16 2. All residents in the facility have the potential to be affected. The Executive Director and Maintenance Director reviewed K062 and secured site visit which occurred 8/3/16 with licensed sprinkler contractor to audit all ~~sprinklers and assure proper functioning~~. 9/10/16 3 On 8/3/16 Maintenance Director met with sprinkler vendor and planned necessary repairs and performed an audit of the sprinkler heads. Site repair is planned and will commence week of 8-15-16. 4 monthly observation of the condition of sprinkler heads will be conducted by the Maintenance Director to ensure	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445145	A. BUILDING 01 - MAIN BUILDING 0102 B. WING	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - MOUNTAIN VIEW	1360 BYPASS ROAD WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 7 a. Upper B-hall shower room (1of 2) b. (1) in the kitchen by the dietary manager's office (2:54 PM) NFPA 101, 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 12-1 (1999 Edition) NFPA 25, 2-2.1.1 (1998 Edition) 7. Review of the quarterly sprinkler report from July 5, 2016 on 7/25/16 at 4:14 PM, revealed the facilities dry pendent sprinklers needed to be tested. NFPA 101, 19.3.5 (2000 Edition) These findings were verified and acknowledged by the administrator during the walk through and exit conference on 7/25/16.	K 062	continued compliance upon completion of sprinkler vendor repairs. Upon inspection by maintenance cleaning or necessary maintenance will be completed and finding s of audit will be reported monthly to the QAPI committee x 3 months or until resolved. 9/10/16 K069 1. Documentation for the semi-annual kitchen hood suppression system is on hand and readily accessible in Maintenance Director's office for the first half of 2016 dated 1/21/16 and the last half of 2015dated10/6/15 2. New Maintenance Director reviewed K069 with Executive Director and dates for service and written documentation of visits was obtained and policy for facility reviewed with no revisions necessary. 8/8/16 3. Ongoing inspections are scheduled by Maintenance Director and record of visit is maintained in the Maintenance office. 8/12/16	9/10/16
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the cooking appliances. The finding inlcuded: Document review on 7/25/16 at 4:22 PM, revealed the facility failed to provide documentation for the semi -annual kitchen hood suppression system for the first half of 2016 and the last half of 2015. NFPA 101, 19.3.2.6 (2000 Edition) NFPA 101, 9.2.3 (2000 Edition) This finding was verified and acknowledged by the administrator during the exit conference on 7/25/16.	K 069		
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains,	K 074	4. Maintenance Director will report contractor visits to QAPI and monitor x3 months or until resolved if omission of documentation of visit occurs and is not readily available. 9/10/16 K074 1. Shower curtain replaced on 7/29/16 with curtain to avoid obstruction of the sprinkler.	9/10/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445145	A. BUILDING 01 - MAIN BUILDING 0102 B. WING	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - MOUNTAIN VIEW	1360 BYPASS ROAD WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 074	Continued From page 8 and other loosely hanging fabrics and films serving as furnishings or decorations are flame resistant in accordance with NFPA 701 except for shower curtains. Sprinklers in areas where cubical curtains are installed shall be in accordance with NFPA 13 to avoid obstruction of the sprinkler. 10.3.1, 18.3.5.5, 19.3.5.5, 18.7.5.1, 19.7.5.1, NFPA 13 o Newly introduced upholstered furniture shall meet the char length and heat release criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3, 18.7.5.2, 19.7.5.2. o Newly introduced mattresses shall meet the char length and heat release criteria specified when tested in accordance with the method cited in 10.3.2 (3) and 10.3.4. 18.7.5.3, 19.7.5.3 o Newly introduced upholstered furniture and mattresses means purchased since March, 2003. This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain documentation for flame spread. The finding inlcuded: Document review on 7/25/16 at 4:23 PM, revealed the facility failed to provide documentation for flame spread on furnishings and decorations present throughout the facility. This finding was verified and acknowledged by the administrator during the exit conference on 7/25/16.	K 074	Flame spread information is on file for the cubicle curtains and draperies in resident rooms Newly obtained mattresses will have char length and heat release criteria Newly introduced upholstered furniture and mattresses since March 2003 will have char length and heat release criteria per guideline. Fire rating information obtained in Maintenance Director office. 9/10/16 2. All residents have the potential to be affected .Maintenance Director and Executive Director reviewed upholstery and furnishing requiring flame spread information. 8/8/16 Information is maintained in the Maintenance Directors office for facility furnishings 9/10/16 3. Policy for furnishings and upholstery reviewed and assessment for compliance determined by ED and Maintenance Director. 9/10/16 4. Maintenance Director will report needed information to the QAPI ~~committee and monitor x 3 months~~ or until resolved in the event of any noncompliance with K074 9/10/16 **K104** 1. New Maintenance Director obtained documentation for fire damper inspection dated 2-21-14. Documentation is on file in the Maintenance Directors office. 8/5/16	9/10/16
K 104 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 104		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445145	A. BUILDING 01 - MAIN BUILDING 0102 B. WING	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - MOUNTAIN VIEW	1360 BYPASS ROAD WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 104	Continued From page 9 Penetrations of smoke barriers by ducts are protected in accordance with 8.3.5. Dampers are not required in duct penetrations of smoke barriers in fully ducted HVAC systems where a sprinkler system in accordance with 18/19.3.5 is provided for adjacent smoke compartments. 18.3.7.3, 19.3.7.3. Hospitals may apply a 6-year damper testing interval conforming to NFPA 80 & NFPA 105. All other health care facilities must maintain a 4-year damper maintenance interval. 8.3.5 This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the dampers as required. The finding included: Document review on 7/25/16 at 4:21 PM, revealed the facility failed to provide documentation for a four (4) year fire damper inspection. NFPA 101, 19.5.2.1 (2000 Edition) NFPA 101, 9.2.1 (2000 Edition) NFPA 90, 3-4.7 (1999 Edition) This finding was verified and acknowledged by the administrator during the exit conference on 7/25/16.	K 104	2. Executive Director and Maintenance Director reviewed K104 and facility policy for maintenance of damper inspection and determined to be in compliance. 8/7/15 3. Maintenance Director set up a system of maintaining inspection files for maintenance and is readily available. 8/7/16 4. Maintenance Director will report to QAPI any absence of required inspection reports x 3 months or until resolved. 9/10/16 **K144** 1. New Maintenance director has implemented an inspection log for generator testing weekly aincluding being exercised under load for 30 minutes per month. Documentation of annual inspection of the generator dated October 13, 2015 is on hand and readily available in Maintenance Director's office. 8/8/16 2. Executive Director and Maintenance Director reviewed K144 and service by generator company and determined compliance. Upcoming annual testing is scheduled per vendor. 9/10/16 3. Record of generator log and inspection is on file in Maintenance Directors office 9/10/16 4. Maintenance Director will report any generator issues for compliance with K144 to QAPI and monitor x3 months or until resolved. 9/10/16	9/10/16
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the generator.	K 144		9/26/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445145	A. BUILDING 01 - MAIN BUILDING 0102 B. WING	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - MOUNTAIN VIEW	1360 BYPASS ROAD WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 10 The finding inlcuded: Document review on 7/25/16 at 4:20 PM, revealed the facility failed to provide documentation for an annual service inspection of the generator. NFPA 101, 19.5.1 (2000 Edition) NFPA 101, 9.1.3 (2000 Edition) NFPA 110, 6-4.2.2 (1999 Edition) This finding was verified and acknowledged by the administrator during the exit conference on 7/25/16.	K 144	K147 1 Electrical power in the C hall biohazard room next to the nurses station has been correctly wired effective 7/28/16 2 All residents within the facility have the potential to be affected. The Executive Director and the Maintenance Director performed a review of the repairs for K147 and found compliance on 8/2/16 Maintenance Director audited facility for any other electrical issues not in compliance as of 8/12/16 3. On 8/2/16 Executive Director Provided survey findings to Maintenance Director and planned necessary onsite vendor to assure proper repairs are performed as scheduled. 9/10/16 4. monthly observation rounds will be conducted by the Maintenance Director to ensure continued compliance with the facility's maintenance program with findings reported monthly to the QAPI committee x 3 months or until resolved. 9/10/16	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the electrical system. The finding inlcuded; Observation on 1:58 PM, revealed an extension cord cut and rigged for electrical power for a box labeled AC power in the C hall biohazard room next to the nurses station. NFPA 101, 19.5.1 ~~(2000 Edition). NFPA 101, 9.1.2 (2000 Edition)~~ NFPA 70, 110-12 (1999 Edition) This finding was verified and acknowledged by the administrator during the walk through and exit conference on 7/25/16.	K 147		